Application or Docket Number

## PATIENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR_	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	ASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			34 minus 20=		* 19			X\$ 9=	171	OR	X\$18=	
NDEPENDENT CLAIMS			minus 3 =		*		İ	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT				Ì	+140=		OR	+280=	
If th	e difference ir	n column 1 is	less than ze	ro, ente	r "0" in co	olumn 2	1	TOTAL		OR	TOTAL	
11 (3)		AIMS AS A		- PAR	RT II	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
-1		(Column 1) CLAIMS		HIG	HEST				ADDI-	4		ADDI-
A L		REMAINING AFTER		PREV	MBER NOUSLY D FOR	PRESENT EXTRA	Programme d	RATE	TIONAL FEE		RATE	TIONA FEE
AMENUMEN	<b>Fotal</b>	*	Minus	**	71011	=		X\$ 9=		OR	X\$18=	
AEN I	*	*	Minus	***	<i>,</i> , , , , , , , , , , , , , , , , , , ,	=		X42=		OR	X84=	
₹	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		}	+140=		OR	+280=	
	Q		· '					TOTAL		OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Col	umn 2)	(Column 3)	)_	ADDIT. FEE		_	7,00	
A B		CLAIMS REMAINING AFTER		HIC NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
AMENDMENT	Total	AMENDMENT *	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		]=		X42=		OR	X84=	
A	FIRST PRESE	NTATION OF N	MULTIPLE DE	PENDE	NT CLAIM			+140=		OR	+280=	
			- X-					TOTAL		OF	TOTA	
		(Calumn 1)		(Co	lumn 2)	(Column 3	3)	ADDIT. FEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
O L		(Column 1) CLAIMS REMAINING AFTER		N PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT	٦	RATE	ADDI- TIONAI FEE		RATE	ADI TION FE
OME	Total	*	Minus	**		ų,		X\$ 9=		OF	X\$18=	=
AMENDMENT	Independent	*	Minus	***		=		X42=		OF	X84=	
Ā	FIRST PRES	ENTATION OF	MULTIPLE D	EPEND	ENT CLAII	М		+140=	1	OF	000	
*	If the entry in col	lumn 1 is less tha	in the entry in c	column 2,	write "0" in (	column 3.		TOTA			TOT	AL
	If the entry in col If the "Highest N If the "Highest N The "Highest Nu	lumber Previousl	y Paid For" IN	IHIS SPA	CE IS 1855 II	han 2 optor "3	20." 3."	ADDIT. FE			AUUII. I	